



# South Dakota Board of Nursing

South Dakota Department of Health  
722 Main Street Suite 3, Spearfish, SD 57783  
(605) 642-1388; FAX: 642-1389; WWW.STATE.SD.US/DOH/NURSING

## Medication Administration Training Program for Unlicensed Assistive Personnel Application for *Initial Training Program*

Medication administration may be delegated only to those individuals who have successfully completed a training program pursuant to ARSD 20:48:04.01:14. An application along with required documentation must be submitted to the Board of Nursing for approval. Written notice of approval or denial of the application will be issued upon receipt of all required documents. Send completed application and supporting documentation to the Spearfish BON address or fax above.

Name of Institution: Roberts County Sheriff Department  
Name of Primary RN Instructor: Joelle Thomas RN  
Address: Roberts County Detention Center  
P.O. Box 937 19924 BIA Hwy 700 Sisseton S.D  
Phone Number: 605-698-7667 Fax Number: 605-698-7386  
E-mail Address of Faculty: joelle.thomas.rn@gmail.com WRONG EMAIL - WORK

- Request to use the following approved curriculum(s); submit a completed Curriculum Application Form for each selected curriculum. *Each program is expected to retain program records using the Enrolled Student Log form.*
  - ☐ 2011 South Dakota Community Mental Health Facilities (only approved for agencies certified through the Department of Social Services)
  - ☐ Gauwitz Textbook – Administering Medications: Pharmacology for Health Careers, Gauwitz (2009)
  - ☒ Mosby's Textbook for Medication Assistants, Sorrentino & Remmert (2009)
  - ☐ Nebraska Health Care Association (2010) (NHCA)
  - ☐ We Care Online
  - ☐ EduCare
- Qualifications of Faculty/Instructor(s): Attach resumes / work history demonstrating two years of clinical RN experience.
- List faculty and provide licensure information:

RN FACULTY/INSTRUCTOR NAME(S)	RN LICENSE			
	State	Number	Expiration Date	Verification (Completed by SDBON)
Joelle Thomas RN	SD	RO44004	5-7-2015	8/18/14

- A **Certificate of Completion** will be provided by the Board of Nursing upon approval; the certificate must be completed and given to each successful student upon completion of the Medication Administration Training Program.

RN Faculty Signature: Joelle Thomas RN Date: 7-13-2014

### This section to be completed by the South Dakota Board of Nursing

Date Application Received: <u>8/18/14</u>	Date Notice Sent to Institution: <u>8/26/14</u>
Date Application Approved: <u>8/26/14</u>	Application Denied. Reason for Denial:
Expiration Date of Approval: <u>APRIL 2016</u>	
Board Representative:	

rec'd 8/18/14  
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South Dakota Board of Nursing  
Curriculum Content Application Form: *Mosby's Textbook for Medication Assistants*  
(Sorrentino, S. & Remmert, L. (2009), *Mosby's Textbook for Medication Assistants*, Mosby: St. Louis, MO.)

Agency/Facility Name: Roberts City Detention Center

This form provides primary instructors a guide on how to teach the content of the Mosby curriculum with approximate time frames. Complete column 4 with the name of RN(s) responsible for teaching each content area. Submit completed form to BON with your Medication Administration Training Program Application.

Identify teaching method(s) you will use to teach content: ☐ Lecture ☐ Self-study ☐ Other \_\_\_\_\_

1. Curriculum Requirements Pursuant to ARSD 20:48:04.01:15	2. Content Outline	3. Time Frame	4. RN Instructor(s)	5. Teaching Methodology Used May include: lecture, self-study, online, case study
1) General information relevant to the administration of medications, including: a) Governmental regulations related to the practice of nursing, the administration of medication, and the storage, administration and recording of controlled substances; b) Ethical issues; c) Terminology, abbreviations and symbols; d) Medication administration systems; e) Forms of medication; f) Procedures and routes of medication administration; g) Medication references available h) The role of unlicensed assistance personnel in administering medications i) The five rights of medication administration: right patient, right medication, right dose, right time, right route and j) Infection Control policies and procedures	1. General Information: <ul style="list-style-type: none"> <li>Governmental regulations related to medication administration               <ul style="list-style-type: none"> <li><u>SD Specific Legal Requirements</u></li> </ul> </li> <li>Ethical issues</li> <li>Terminology, abbreviations, and symbols</li> <li>Medication administration systems;</li> <li>Forms of medication;</li> <li>Procedures and routes of medication administration</li> <li>Medication references</li> <li>Role of UAP in administering medications</li> <li>Rights of medication administration;</li> <li>Medication Safety &amp; Infection control</li> </ul>	7 hrs		Content from Chapters in text: 1: The Medication Assistant 2: Delegation 3: Ethics and Law 8: Drug Orders & Prescriptions 9: Medication Safety 6: Basic Pharmacology 9: Medication Safety 10: Oral, Sublingual, Buccal 11: Topical 12: Eye, Ear, Nose, Inhaled 13: Vaginal, Rectal
Unit Test (ARSD 20:48:04.01:14 – Tests are developed for each unit in curriculum, including a final test. A passing score of 85% is required on each unit test with an opportunity to retake each test one time. If a student fails on retake, additional instruction is required before further testing is allowed.)	Administer unit 1 test	0.5 hr		Review questions provided in text may be used to develop test. Passing score of 85% required; may retake test once. <i>(RN primary instructors are expected to maintain the Mosby Student Log Form for their students.)</i>
2) An overview of the major categories of medications related to the body systems, including: a. Cardiovascular; b. Endocrine; c. Gastrointestinal; d. Integumentary; e. Musculoskeletal; f. Nervous; g. Reproductive h. Respiratory i. Sensory j. Urinary; and k. Immune	2. Overview of major categories of medications related to the body systems.	5.5 hrs		Content from Chapters in text: 5. Body Structure, Function 7. Life Span Considerations

Unit Test (ARSD 20:4804.01:14)	Administer unit 2 test	0.5 hr		Review questions provided in text may be used to develop test. Passing score of 85% required; may retake test once.
3) Additional instruction shall include those categories of medications relevant to the healthcare setting where the unlicensed person will be employed; and	3. Additional instruction may include those categories of medications relevant to the employee's healthcare setting.	2 hrs		Use applicable content from Chapters in text: 14. Nervous System 15. Mental Health (sensory) 16. Seizure disorders 17. Pain 18. Lower Lipids 19. Hypertension 20. Dysrhythmias 21. Angina, PVD, Heart Failure 22. Diuresis 23. Thrombo-embolic diseases 24. Respiratory diseases 25. Gastro-esophageal/ulcers 26. Nausea, vomiting, constipation, diarrhea 27. Diabetes, thyroid diseases 28. Steroids / hormones 29. Men's & women's health 30. Urinary system disorders 31. Eye disorders 32. Cancer 33. Muscles & joints 34. Infections 35. Nutrition / herbal dietary
Final Test (ARSD 20:4804.01:14)	Administer comprehensive final test	0.5 hr		Review questions provided in text may be used to develop test. Passing score of 85% required; may retake test once.
4) Clinical or laboratory instruction for the purpose of demonstration of medication administration and evaluation of individual competence. (ARSD 20:48:04.01:14 Faculty-to-student ratio cannot exceed 1:8 in clinical setting. A 1:1 ratio is required for skills performance evaluation.)	<ul style="list-style-type: none"> <li>Clinical/laboratory instruction provided with required RN faculty-to-student ratio of 1:8;</li> <li>Skills performance evaluation completed by RN with required 1:1 faculty-to-student ratio.</li> </ul>	4 hrs		RN instructor completes required <u>Skills Performance Evaluation</u> form for each student that passes tests. (Additional checklists may also be completed as desired.)
Required hours: 16 classroom instruction + 4 laboratory instruction 20 hours		20 hrs		

<b>SD BON Reviewer Use Only</b> Date Application received: _____ BON Staff Representative: _____		Criteria Met: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No; reason denied: _____
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03-1- 2012